Microbiological safety in endoscope reprocessing

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STELLINGEN

behorenden bij het proefschrift getiteld

Quantitative Sensory Testing (QST)

Does assessing sense make sense?

Karl-Heinz Konopka

1. In clinical practice, most often the contralateral, non-affected side of a patient is used as reference for the identification of sensory signs at the affected side. In unilateral neuropathic pain bilateral somatosensory changes i.e. changes at the affected as well as the contralateral side occur frequently. To avoid potential misjudgement of the quality of sensory abnormalities we suggested that QST reference values obtained from healthy controls should be used.

2. Despite similar numbers of sensory abnormalities for the different grades of neuropathic pain, aspects of the pattern of sensory signs were different between 'definite' and 'probable' neuropathic pain and 'unlikely' neuropathic pain. The identification of differences in patterns of sensory abnormality in neuropathic pain patients could lead to a mechanistic understanding of somatosensory abnormalities in neuropathic pain.

3. A single QST parameter, i.e. mechanical pain sensitivity (MPS), can be used to identify distinct subgroups of neuropathic pain patients.
   a. QST phenotypic characterization e.g. MPS response pattern, as a tool for patient selection for enrolment into clinical trials could be used to decrease variance and increase the power to detect meaningful drug effects.
   b. Pharmacological intervention studies of patients with different response pattern to MPS could also help to determine a mechanism-based therapy for neuropathic pain.

4. Sensitisation may play a role in the explanation of pain during and after sports activity in patients with patella tendinopathy. Results of this QST study indicate that treatment and medical management of tendinopathies could be adapted accordingly.

5. Improved knowledge of the subjective nature of pain and related sensory processes e.g. somatosensory functioning could help to optimize the choice of pain patient study population and appropriate measurements for proof-of concept trails with putative pain therapies.

6. A subset of the standardized QST battery could be introduced to establish normative data of sensory function for clinical setting either with or without pharmacological intervention. The utility of different outcome measures in clinical trials could be investigated with the aim to maximise validity and reliability.

7. Using a standardized approach to obtain reference values from healthy controls for pharmaceutical research allows the direct comparison of efficacy of compounds between studies. Such approach might allow a direct identification of superiority of novel compounds over other drugs at an early stage of development and potentially reduces costs.